



## **BASIC REQUIREMENTS:**

**Education:** Four year bachelor's degree in pharmacy recognized by the American Council on Pharmaceutical Education.

**Licensure:** All applicants must be licensed to practice pharmacy in a state, territory of the United States, or the District of Columbia.

## **ADDITIONAL REQUIREMENTS:**

**GS-9:** Successful completion of a 5-year course of study leading to a bachelor's or higher degree in pharmacy from an approved pharmacy school, OR 1 year of professional pharmacy experience equivalent to at least GS-7.

**GS-11:** Successful completion of a 6-year course of study leading to a Doctor of Pharmacy (Pharm.D.) degree, OR 1 year of professional pharmacy experience equivalent to at least GS-9.

**GS-12:** One (1) year of professional pharmacy experience equivalent to at least GS-11.

**MEDICAL REQUIREMENTS:** applicants must be able to distinguish basic colors.

### **Specialized Experience:**

Specialized experience is defined as work involved in compounding prescriptions, and formulating, preparing, bulk compounding, selecting, dispensing, and preserving drugs medicines, and chemicals. Advising on drug therapy and usage in a hospital, clinic or a facility in the pharmaceutical industry.

Your description of work experience, level of responsibility, and accomplishments will be used to determine that you meet these requirements. Applicants who meet the basic qualification requirements and selective factors described in this announcement will be further evaluated by determining the extent to which their work or related experience, education, training, awards, outside activities, and performance appraisal, etc., indicate they possess the knowledge, skills, and abilities described below. All applicants should provide clear, concise examples that show level of accomplishment or degree to which they possess the KSA's either on their application/resume or as a separate attachment. The information provided will be used to determine the "best qualified" candidates.

## **SUPPLEMENTAL QUESTIONNAIRE - KNOWLEDGE, SKILLS, AND ABILITIES**

1. Ability to develop, interpret, monitor and enforce standards for pharmacy.
2. Ability to provide consultation in the pharmacy area to other program areas.
3. Ability to work directly with administrative and professional staff.
4. Knowledge of the issues, trends, research and developments in the field of pharmacy.
5. Ability to establish objectives for the pharmacy services program, plan work, set priorities and analyze resources and needs.

**HOW TO APPLY:** Applicants must submit their applications to the Quentin N. Burdick Memorial Health Care Facility, Personnel Department, Indian Health Service, PO Box 160, Belcourt, North Dakota 58316. **ALL APPLICATIONS MUST INCLUDE ALL THE APPLICABLE DOCUMENTS:**

1. Applicants may submit ONE of the following: a) OF-612, Optional Application for Federal Employment; b) SF-171, Application for Federal Employment; c) Resume; or d) any other written application format.
2. Current Performance Rating, if available.
3. If you wish to substitute appropriate education for experience, you **MUST** submit your transcripts along with your application. If your education is appropriate for the position being filled then your education may be substituted for experience.
4. For current or former Federal employees, a copy of your latest Notification of Personnel Action (SF-50B).
5. **All applications for this position MUST include the attached "Addendum to Declaration for Federal Employment Indian Health Service Child Care & Indian Child Care Worker Positions" form (see attachment).**
6. **VETERAN'S PREFERENCE CERTIFICATION:** Form DD-214 indicating discharge and or Form SF-15, claiming 10-point preference. No preference will be allowed unless a copy of the DD-214 is attached to the application.

## **EMPLOYMENT OF PEOPLE WITH DISABILITIES:**

IHS provides reasonable accommodations to applicants with disabilities. If you need a reasonable accommodation for any part of the application and hiring process, please notify Alice LaFontaine, Selective Placement Officer, at (605) 226-7213. The decision on granting reasonable accommodation will be on a case-by-case basis.

## **INFORMATION REQUIRED ON RESUMES AND OTHER APPLICATION FORMATS:**

Resumes or other application formats must contain all of the information listed below in sufficient detail to enable the Personnel Office to make a determination that you have the required qualifications for the position. **Failure to include any of the information listed below may result in loss of consideration for this position. Additional information will not be solicited by this office.**

- a. Announcement Number, Title, and Grade of the job for which you are applying.
- b. Full name, mailing address (with zip code) and day/evening telephone numbers (with area codes).
- c. Social Security Number
- d. Country of citizenship
- e. Veteran's preference
- f. Highest Federal Civilian Grade held (give job series and dates held).
- g. High School - Name, City, State (with zip code), and date of diploma or GED.
- h. Colleges and Universities - Name, City, State (with zip code), majors, type and year of any degrees received (if no degree show total semester/quarter hours earned) (Attached transcripts).
- i. Work experience (paid/nonpaid)-Job title (include series and if Federal job), duties, responsibilities and accomplishments (*if you describe more than one type of work, i.e., carpentry and painting, or personnel and budget, write the approximate amount of time your spent doing each*), employer's name and address, supervisor's name and phone number, starting and ending dates (month/year), **AVERAGE HOURS WORKED PER WEEK**, and salary (beginning/ending).
- j. Indicate if we may contact your current and/or former supervisor.
- k. Job-related training courses, skills, certificates, registrations, and licenses (current only), honors, awards, and special accomplishments.

**DO NOT SUBMIT POSITION DESCRIPTIONS. All applications must be signed and dated. All material submitted for consideration under this announcement becomes**

**the property of the Division of Personnel Management and is subject to verification. Careful consideration should be given to the information provided, fraudulent statements or any form of misrepresentation in the application process could result in loss of consideration for this position and or determination of unsuitability for Federal employment.**

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**INFORMATION FOR DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS) FOR SURPLUS OR DISPLACED EMPLOYEES REQUESTING SPECIAL SELECTION PRIORITY CONSIDERATION.**

If you are currently a DHHS employee who has received a Reduction in Force (RIF) separation notice or a Certificate of Expected Separation (CES) you may be entitled to special priority selection under the DHHS Career Transition Assistance Program (CTAP). To receive this priority consideration you must:

1. Be a current DHHS career or career-conditional (tenure group I or II) or be a current IHS excepted appointment (with no time limits) tenure group II excepted/competitive service employee who has received a RIF separation notice or a CES and, the date of the RIF separation has not passed and you are still on the rolls of the DHHS. You must submit a copy of the RIF separation notice or CES along with your application.
2. Be applying for a position that is at or below the grade level of the position from which you are being separated. The position must not have a greater promotion potential than the position from which you are being separated.
3. Have a current (or last) performance rating of record of at least fully successful or equivalent. This must be submitted with your application package.
4. Be currently employed by the DHHS in the same commuting area (or nationwide for IHS employees GS-09 and above) of the position for which you are requesting priority consideration.
5. File your application by the vacancy announcement closing date and meet all the application criteria (e.g., submit all required documentation etc.)
6. Meet the basic qualifications for the position, any documented selective factor, physical requirements with any reasonable accommodation and is able to satisfactorily perform the duties of the position without undue interruption.

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**INFORMATION FOR DISPLACED EMPLOYEES REQUESTING SPECIAL SELECTION PRIORITY CONSIDERATION UNDER THE INTERAGENCY CAREER TRANSITION ASSISTANCE PROGRAM (ICTAP).**

If you are a displaced federal employee you may be entitled to receive special priority selection under the ICTAP. To receive this priority consideration you must:

1. Be a displaced Federal employee. You must submit a copy of the appropriate documentation such as a RIF separation notice, a letter from the Office of Personnel Management (OPM) or your agency documenting your priority consideration status with your application package. The following categories of candidates are considered displaced employees.
  - A. Current or former career or career-conditional (tenure group I or II) competitive service employees who:
    1. Received a specific RIF separation notice; or
    2. Separated because of a compensable injury, whose compensation has been terminated, and whose former agency certifies that it is unable to place; or

3. Retired with a disability and shows disability annuity has been or is being terminated; or
4. Upon receipt of a RIF separation notice retired on the effective date of the RIF and submits a Standard Form 50 that indicates Retirement in lieu of RIF; or
5. Retired under the discontinued service retirement option; or
6. Was separated because he/she declined a transfer of function or directed reassignment to another commuting area.

**OR**

- B. Former Military Reserve or National Guard Technicians who are receiving a special OPM disability retirement annuity under section 8337 (h) or 8456 of Title 5 United States Code.
2. Be applying for a position at or below the grade level of the position from which you have been separated. The position must not have a greater promotion potential than the position from which you were separated.
3. Have a current (or last) performance rating of record of at least fully successful or equivalent. This must be submitted with your application package. (This requirement does not apply to candidates who are eligible due to compensable injury or disability retirement.
4. Occupy or be displaced from a position in the same local commuting area of the position for which you are requesting priority consideration.
5. File your application by the vacancy announcement closing date and meet all the application criteria (e.g., submit all required documentation, etc.)
6. Eligible applicants will be considered "well qualified" if their documented experience, knowledge, skill and abilities are comparable to or exceed that described at the acceptable level on the crediting plan for the position to be filled.

**THE INDIAN HEALTH SERVICE IS AN EQUAL OPPORTUNITY EMPLOYER.**

**Addendum to Declaration for Federal Employment (OF 306)**

**Indian Health Service**

**Child Care & Indian Child Care Worker Positions**

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**Item 15a. Agency Specific Questions**

**Name:** \_\_\_\_\_ **(Please print)**

**Social Security Number:** \_\_\_\_\_

**Job Title in Announcement:** \_\_\_\_\_ **Announcement Number:** \_\_\_\_\_

Section 231 of the Crime Control Act 1990, Public Law 101-647, requires that employment applications for Federal child care positions contain a question asking whether the individual has ever been arrested for or charged with a crime involving a child and for the disposition of the arrest or charge.

Section 408 of the Miscellaneous Indian Legislation, Public Law 101-630, contains a related requirement for positions in the Department of Health and Human Services that involve regular contact with or control over Indian children. The agency must ensure that persons hired for these positions have not been found guilty of or pleaded nolo contendere or guilty to certain crimes.

To assure compliance with the above laws, the following questions are added to the Declaration for Federal Employment:

1) Have you ever been arrested for or charged with a crime involving a child?

YES \_\_\_\_\_ NO \_\_\_\_\_

*[If YES, provide the date, explanation of the violation, disposition of the arrest or charge, place of occurrence, and the name and address of the police department or court involved.]*

2) Have you ever been found guilty of, or entered a plea of nolo contendere (no contest) or guilty to, any felonious or misdemeanor offense under Federal, State, or tribal law involving crimes of violence; sexual assault, molestation, exploitation, contact or prostitution; or crimes against persons; or offenses committed against children?

YES \_\_\_\_\_ NO \_\_\_\_\_

*[If YES, provide the date, explanation of the violation, disposition of the arrest or charge, place of occurrence, and the name address of the police department or court involved.]*

I certify that (1) my response to these questions is made under penalty of perjury, which is punishable by fines of up to \$2,000 or 5 years imprisonment, or both; and (2) I have received notice that a criminal check will be conducted. I understand my right to obtain a copy of any criminal history report made available to the Indian Health Service and my right to challenge the accuracy and completeness of any information contained in the report.

Public Burden Statement: In accordance with Paperwork Reduction Act (5 CFR 1320.8 (b)(3), a Federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Respondents must be informed (on the reporting instrument, in instructions, or in a cover letter) the reasons for which the information will be collected; the way the information will be used to further the proper performance of the functions of the agency; whether responses to the collection of the information are voluntary, required to obtain a benefit (citing authority), or mandatory (citing authority); and the nature and extent of confidentiality to be provided, if any (citing authority). Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the necessary data, and completing and reviewing the collection information. Send comments regarding the burden estimate or any other aspect of this collection of information to the IHS PRA Information Collection Clearance Staff, 12300 Twinbrook Parkway, Suite 450, Rockville, MD 20852. ***Please do not send completed data collection instruments to this address.***

FORM APPROVED: O.M.B. NO. 0917-0028

Expires 11/30/2005

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**Applicant's Signature (sign in ink)**

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**Date**